

Department of Public Health
and Human Services

Section:
APPLICATION PROCESSING

FOOD STAMP PROGRAM

Subject:
Confidentiality

Supersedes: FS101-1 (11/01/03)

References: 7 CFR 272.1; 273.2; MCA 41-3-205; P.L. 104-193 sec. 837; F
Act sec 11(e)(8), (16) and (20)

GENERAL RULE -- Food Stamp case information is confidential under federal law. The Department of Public Health and Human Services (DPHHS) may share participant information for purposes directly connected with the administration of the public assistance programs, other federal programs, and certain entitled entities.

**HEALTH
INSURANCE
PORTABILITY &
ACCOUNTABILITY
ACT(HIPAA)**

Guidelines in the (HIPAA) manual must be followed concerning the release of protected health information.

**INFORMATION
PROVIDED
WITHOUT
NOTICE TO OR
PERMISSION OF
PARTICIPANT**

The use or disclosure concerning confidential information of a food stamp applicant or recipient households without notice to or permission of the individual can be provided to the following:

≥

1. Investigators of child or elder abuse and neglect per state law (MCA 41-3-205).
2. Individuals directly connected with the administration of the Child Support Program in order to assist in the administration of the Child Support Program.
3. Individuals establishing or verifying eligibility or benefits under Title II and Title XVI of the Social Security Act including Old-Age and Survivors Insurance, Social Security Disability Insurance (SSDI), and Supplemental Security Income (SSI).
4. Individuals directly connected with the administration or enforcement of the provisions of the Food Stamp Act or regulations, other federal assistance programs, or federally assisted state programs providing assistance on a means- tested basis.

Section: APPLICATION PROCESSING

Subject: Confidentiality

NOTE: This includes HUD, Tribal TANF, TANF, Tribal GA, Low Income Energy Assistance (LIEAP), and Food Stamp Program certification offices in other states.

5. Individuals directly connected with the administration or enforcement of the programs which are required to participate in the State Income and Eligibility Verification System (IEVS) to the extent the food stamp information is useful in establishing or verifying eligibility or benefit amounts for those programs.
6. Employees of the Comptroller General's Office of the United States for audit examination that is authorized by any other provision of the law.
7. Federal, state, or local law enforcement officials upon written request for the purpose of investigating an alleged violation of the Food Stamp Act or regulations.

NOTE: The written request must include the name and the authority of the individual requesting the information, the violation being investigated, and the identity of the person on whom the information is requested.

8. Federal, state, or local law enforcement officers upon written request for the purpose of obtaining the address, Social Security number, and, if available, photograph of any household member if the member:

NOTE: The written request must include the name and the authority of the individual requesting the information, the violation being investigated, and the identity of the person on whom the information is requested.

- a. is fleeing to avoid prosecution, custody or confinement for a felony;
- b. is violating a condition of parole or probation; or,
- c. has information necessary for the apprehension or investigation of another member who is fleeing to avoid prosecution or custody for a felony or has violated a condition of probation or parole.
9. Federal, state, or local penal, correctional, or other detention facility staff in an effort to verify that an individual who is placed under detention in a federal, state, or local penal, correctional, or other

Section: APPLICATION PROCESSING

Subject: Confidentiality

detention facility for more than 30 days does not participate in the Food Stamp Program for households subject to change reporting requirements.

10. Agencies of the federal government, including the United States Postal Service, for the purpose of collecting over issued food stamp benefits.
11. Individuals directly connected with the Systematic Alien Verification for Entitlements (SAVE) Program to the extent the information is necessary to verify identity and alien status for the Food Stamp Program.

Requests for information about current or past participants that do not meet the above criteria must be submitted in writing to the Public Assistance Bureau, Central Office. When there is a question about a breach of confidentiality, Central Office will refer the request to the Office of Legal Affairs.

RELEASE TO PARTICIPANT OR DESIGNEE

When there is a written request by a responsible food stamp household member, authorized representative, or a person acting on the household's behalf to review material and information contained in its case file, the material and information in the case file are available to review during normal business hours.

Privileged information may be withheld such as the name of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecution.

AUTHORIZATION OF INFORMATION BY PARTICIPANT

An individual's signature on the application allows the OPA to contact other persons or organizations to obtain necessary verification of any statements to determine initial eligibility.

A signed release of information form is not a condition of eligibility and the household is not required to sign a form. However, the OPA Case Manager should ask the household to sign a release of information form to enable the OPA Case Manager to assist the household in obtaining necessary information or verification to determine eligibility. Each adult household member should be given the opportunity to review and sign a release of information form since an individual cannot waive another's right to confidentiality. If the household does not want to sign the form, it should be case noted that they were given the opportunity but did not sign the release of information. A participant always has the right to rescind in writing the authorization to release information.

Section: APPLICATION PROCESSING

Subject: Confidentiality

Human and Community Services Division (HCSD) currently has three release of information forms that are available for use.

1. HCS-101 form explains the participant's right to confidentiality and gives the participant the option of signing the form to authorize the release of information or declining to authorize the release of information by not signing the form. The authorization expires one year from the date of the signature, so the household should have the opportunity to sign the form at application and yearly thereafter.
2. HCS-102 is used for only very specific information to be released and specifies a specific date the release expires. The HCS-102 is only used on a limited case-by-case basis.
3. HCS-103 is used for case management to share general information between agencies such as progress reports, enrollment, attendance and participation.

AGENCY PERSONNEL AND VOLUNTEERS

Personnel used in the Food Stamp Program eligibility determination process must be employed and classified in accordance with the employment and classification standards of the State of Montana and the Department of Public Health and Human Services. Only qualified program employees conduct the required eligibility determination interviews and determine eligibility for the Food Stamp Program.

Volunteers must be trained in sufficient detail and frequently enough to give correct information to households. Volunteers or other persons not employed by DPHHS may not conduct the required eligibility determination interviews and determine eligibility for the Food Stamp Program. They may assist OPA Case Managers in related activities such as outreach, obtaining necessary verification, pre-screening applications, and assisting applicants in completing the application form.

Volunteers are restricted from disclosing confidential information the same as DPHHS employees.

TP